

Fill in this information to identify the case:

Debtor name West Virginia High Technology Consortium FoundationUnited States Bankruptcy Court for the: NORTHERN DISTRICT OF WEST VIRGINIACase number (if known) 1:16-bk-00806
☒ Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☐ No. Go to Part 2.☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

2.1 Priority creditor's name and mailing address
Internal Revenue Service
PO Box 7346
Philadelphia, PA 19101-7346

As of the petition filing date, the claim is:

Check all that apply.

☒ Contingent☐ Unliquidated☐ DisputedTotal claim: Unknown Priority amount: \$0.00Date or dates debt was incurred
Various

Basis for the claim:

Unassessed and potential federal tax liabilityLast 4 digits of account number 1046

Is the claim subject to offset?

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)

☒ No☐ Yes

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

3.1 Nonpriority creditor's name and mailing address
ACE Hardware & Contractor Supply
9051 Middletown Mall
Fairmont, WV 26554

Date(s) debt was incurred Last 4 digits of account number 4836

As of the petition filing date, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ DisputedBasis for the claim: Trade creditorIs the claim subject to offset? ☒ No ☐ Yes

Amount of claim

\$41.96

3.2 Nonpriority creditor's name and mailing address
Action Facilities Management
115 Malone Drive
Morgantown, WV 26501

Date(s) debt was incurred Last 4 digits of account number

As of the petition filing date, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ DisputedBasis for the claim: Trade creditorIs the claim subject to offset? ☒ No ☐ Yes\$37,712.88

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|--------|--|--|------------------------|----------------------|
| Debtor | West Virginia High Technology Consortium Foundation | | Case number (if known) | 1:16-bk-00806 |
| | Name | | | |

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|-------|--|--|--------------------|
| 3.3 | Nonpriority creditor's name and mailing address Architectural Interior Products 446 Airport Industrial Park Road Parkersburg, WV 26104 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade creditor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$126.10 |
| <hr/> | | | |
| 3.4 | Nonpriority creditor's name and mailing address Arnett Carbis Toothman LLP 600 Market Place Avenue Suite 100 Bridgeport, WV 26330 Date(s) debt was incurred ____ Last 4 digits of account number <u>2999</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade creditor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$28,490.16 |
| <hr/> | | | |
| 3.5 | Nonpriority creditor's name and mailing address Beacon Communications Services, LLC 607 North Avenue Suite E Wakefield, MA 01880 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade creditor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$28.11 |
| <hr/> | | | |
| 3.6 | Nonpriority creditor's name and mailing address Business Card (Bank of America) PO Box 15796 Wilmington, DE 19886-5796 Date(s) debt was incurred ____ Last 4 digits of account number <u>1515</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit card</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$657.36 |
| <hr/> | | | |
| 3.7 | Nonpriority creditor's name and mailing address Casto Technical Services 540 Leon Sullivan Way Charleston, WV 25301 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade creditor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$1,280.00 |
| <hr/> | | | |
| 3.8 | Nonpriority creditor's name and mailing address City of Fairmont PO Box 1428 109 Merchant Street Fairmont, WV 26555-1428 Date(s) debt was incurred ____ Last 4 digits of account number <u>5000</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade creditor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$1,337.72 |
| <hr/> | | | |
| 3.9 | Nonpriority creditor's name and mailing address Citynet 100 Citynet Drive Bridgeport, WV 26330 Date(s) debt was incurred ____ Last 4 digits of account number <u>6413</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade creditor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$45.94 |

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| Debtor West Virginia High Technology Consortium Foundation | | Case number (if known) 1:16-bk-00806 |
| <small>Name</small> | | |
| 3.10 | Nonpriority creditor's name and mailing address ComDoc, Inc. 3458 Massillon Rd Uniontown, OH 44685 Date(s) debt was incurred ____ Last 4 digits of account number 2827 | As of the petition filing date, the claim is: <i>Check all that apply.</i> \$165.67 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade creditor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.11 | Nonpriority creditor's name and mailing address Dell Business Credit Payment Processing Center PO Box 5275 Carol Stream, IL 60197-5275 Date(s) debt was incurred ____ Last 4 digits of account number 4103 | As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,011.84 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade creditor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.12 | Nonpriority creditor's name and mailing address Dodson Brothers 10 Armory Rd Clarksburg, WV 26301 Date(s) debt was incurred ____ Last 4 digits of account number 5801 | As of the petition filing date, the claim is: <i>Check all that apply.</i> \$78.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade creditor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.13 | Nonpriority creditor's name and mailing address Federal Express PO Box 371461 Pittsburgh, PA 15250-7461 Date(s) debt was incurred ____ Last 4 digits of account number 4466 | As of the petition filing date, the claim is: <i>Check all that apply.</i> \$69.76 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade creditor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.14 | Nonpriority creditor's name and mailing address Frontier Communications PO Box 20550 Rochester, NY 14602-0550 Date(s) debt was incurred ____ Last 4 digits of account number 8064 | As of the petition filing date, the claim is: <i>Check all that apply.</i> \$155.94 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade creditor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.15 | Nonpriority creditor's name and mailing address Kris Warner 603 Fairchance Rd. Morgantown, WV 26508 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> \$8,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Professional and consulting services.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.16 | Nonpriority creditor's name and mailing address Lumos Networks Wireline Customer Care 1200 Greenbrier St Charleston, WV 25311 Date(s) debt was incurred ____ Last 4 digits of account number 9218 | As of the petition filing date, the claim is: <i>Check all that apply.</i> \$396.06 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade creditor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |

Debtor **West Virginia High Technology Consortium
Foundation**
Name

Case number (if known) **1:16-bk-00806**

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| 3.17 | Nonpriority creditor's name and mailing address Mainline Mechanical 2 Cameron Road Clarksburg, WV 26301 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade creditor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$908.50 |
| 3.18 | Nonpriority creditor's name and mailing address Metro News Radio 1111 Virginia Street E Charleston, WV 25301 Date(s) debt was incurred ____ Last 4 digits of account number <u>1406</u> | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade creditor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$9,500.00 |
| 3.19 | Nonpriority creditor's name and mailing address Mon Power 800 Cabin Hill Drive Greensburg, PA 15606-0001 Date(s) debt was incurred ____ Last 4 digits of account number <u>2971</u> | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Utility</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$25,952.91 |
| 3.20 | Nonpriority creditor's name and mailing address Peoples Natural Gas PO Box 535323 Pittsburgh, PA 15253-5323 Date(s) debt was incurred ____ Last 4 digits of account number <u>6898</u> | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Utility</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$176.06 |
| 3.21 | Nonpriority creditor's name and mailing address Plante & Moran, PLLC 16060 Collections Center Dr. Chicago, IL 60693-0160 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade creditor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$6,685.00 |
| 3.22 | Nonpriority creditor's name and mailing address Republic Services No. 2 12th Street Fairmont, WV 26554-3618 Date(s) debt was incurred ____ Last 4 digits of account number <u>3225</u> | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade creditor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$56.99 |
| 3.23 | Nonpriority creditor's name and mailing address RSM US LLP 1861 International Dr Suite 400 Mc Lean, VA 22102 Date(s) debt was incurred ____ Last 4 digits of account number <u>2THB</u> | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade creditor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$111.00 |

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|---|--|---|
| Debtor West Virginia High Technology Consortium Foundation Name | | Case number (if known) 1:16-bk-00806 |
| 3.24 | Nonpriority creditor's name and mailing address Sherwin Williams Co. 63 Spencer Dr Fairmont, WV 26554 Date(s) debt was incurred _____ Last 4 digits of account number 9112 | As of the petition filing date, the claim is: Check all that apply. \$359.57 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Trade creditor Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.25 | Nonpriority creditor's name and mailing address Times-West Virginia PO Box 2530 Beckley, WV 25802-2569 Date(s) debt was incurred _____ Last 4 digits of account number 7207 | As of the petition filing date, the claim is: Check all that apply. \$50.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Trade creditor Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.26 | Nonpriority creditor's name and mailing address Xerox Corporation PO Box 660501 Dallas, TX 75266-0501 Date(s) debt was incurred _____ Last 4 digits of account number 7191 | As of the petition filing date, the claim is: Check all that apply. \$85.85 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Trade creditor Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

| | | |
|--------------------------|--|---|
| Name and mailing address | On which line in Part 1 or Part 2 is the related creditor (if any) listed? | Last 4 digits of account number, if any |
| | | |

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2
Lines 5a + 5b = 5c.

| | |
|------------------------|---------------|
| Total of claim amounts | |
| 5a. | \$ 0.00 |
| 5b. + | \$ 123,483.38 |
| 5c. | \$ 123,483.38 |

Fill in this information to identify the case:

Debtor name West Virginia High Technology Consortium FoundationUnited States Bankruptcy Court for the: NORTHERN DISTRICT OF WEST VIRGINIACase number (if known) 1:16-bk-00806
☐ Check if this is an amended filing
Official Form 206Sum**Summary of Assets and Liabilities for Non-Individuals**

12/15

Part 1: Summary of Assets**1. Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)**1a. Real property:**Copy line 88 from *Schedule A/B*..... \$ 14,924,895.00**1b. Total personal property:**Copy line 91A from *Schedule A/B*..... \$ 4,763,103.34**1c. Total of all property:**Copy line 92 from *Schedule A/B*..... \$ 19,687,998.34**Part 2: Summary of Liabilities****2. Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*..... \$ 36,441,897.92**3. Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)**3a. Total claim amounts of priority unsecured claims:**Copy the total claims from Part 1 from line 5a of *Schedule E/F*..... \$ 0.00**3b. Total amount of claims of nonpriority amount of unsecured claims:**Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*..... +\$ 123,483.38**4. Total liabilities**

Lines 2 + 3a + 3b

\$ 36,565,381.30

Fill in this information to identify the case:

Debtor name West Virginia High Technology Consortium Foundation

United States Bankruptcy Court for the: NORTHERN DISTRICT OF WEST VIRGINIA

Case number (if known) 1:16-bk-00806

☐ Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☐ Schedule A/B: Assets—Real and Personal Property (Official Form 206A/B)
- ☐ Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D)
- ☐ Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)
- ☐ Schedule G: Executory Contracts and Unexpired Leases (Official Form 206G)
- ☐ Schedule H: Codebtors (Official Form 206H)
- ☒ Summary of Assets and Liabilities for Non-Individuals (Official Form 206Sum)
- ☒ Amended Schedule E/F
- ☐ Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders (Official Form 204)
- ☐ Other document that requires a declaration

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 2/16/2017

X

Signature of individual signing on behalf of debtor

James L. Estep

Printed name

President and CEO

Position or relationship to debtor